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**sanofi pasteur**

The vaccines business of sanofi-aventis Group

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To:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (571) 273-8300

From:  
Robert Yoshida  
Sanofi Pasteur Inc.

This facsimile is 8 pages, including this cover page

March 8, 2006

**Appl. No.:** 10/031,165  
**Applicant:** Sheena M. Loosmore et al.  
**Filed:** October 4, 2002  
**Title:** Recombinant High Molecular Weight Major Outer Membrane Protein of Moraxella  
**TC/A.U.:** 1645  
**Examiner:** Devi, Sarvamangala J. N.  
**Confirmation No.:** 4814  
**Docket No.:** 1038-1217 MIS:jb

This facsimile consists of:

Transmittal Form (1 page)  
Transmittal Letter (1 page)  
Revocation of Power of Attorney Form (1 page)  
Power of Attorney Form (2 pages)  
Statement under 37 CFR 3.73(b) Form (1 page)  
Certificate of Transmission under 37 CFR 1.8 (1 page)

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002

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PTO/SB/21 (09-04)

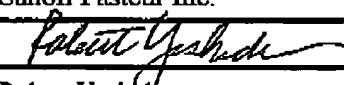
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/031,165	
	Filing Date	October 4, 2002	
	First Named Inventor	Sheena M Loosmore	
	Art Unit	1645	
	Examiner Name	Devi, Sarvamangala J.N.	
Total Number of Pages in This Submission	7	Attorney Docket Number	1038-1217 MIS:jb

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Letter and Statement under 37 CFR 3.73(b). Certificate of Transmission
Remarks The total number of pages in this submission includes this Transmittal Form		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sanofi Pasteur Inc.		
Signature			
Printed name	Robert Yoshida		
Date	MARCH 8, 2006	Reg. No.	54,941

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

**Appl. No.:** 10/031,165  
**Applicant:** Sheena M. Loosmore et al.  
**Filed:** October 4, 2002  
**Title:** Recombinant High Molecular Weight Major Outer Membrane Protein of  
Moraxella  
**TC/A.U.:** 1645  
**Examiner:** Devi, Sarvamangala J.N.  
**Confirmation No.:** 4814  
**Docket No.:** 1038-1217 MIS:jb

**BY FACSIMILE: (571) 273-8300**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (571) 273-8300

**TRANSMITTAL LETTER**

Sir:

Attached herewith are: 1) Revocation of Power of Attorney With New Power of Attorney Form, 2) Power of Attorney and Correspondence Address Indication Form, 3) Statement Under 37 CFR 3.73(b), and 4) Certificate of Transmission under 37 CFR 1.8.

The Applicants respectfully request consideration and entry of these papers. Should the Examiner have any questions concerning this paper, she is invited to contact the undersigned at (570) 839-5537.

Date: March 8, 2006

Respectfully submitted,

By: Robert Yoshida

Robert Yoshida  
Reg. No. 54,941

Sanofi Pasteur Inc.  
Intellectual Property - Knerr Building  
One Discovery Drive  
Swiftwater, PA 18370  
Telephone: (570) 839-5537  
Facsimile: (570) 895-2702

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PTO/SB/62 (01-06)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/031,165
Filing Date	10/04/2002
First Named Inventor	Sheena M. Loosmore
Art Unit	1645
Examiner Name	Devi, Sarvamangala J.N.
Attorney Docket Number	1038-1217:MIS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Robert Yoshida

Date

March 8, 2006

Telephone

(570) 839-5537

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/031,165
Filing Date	October 4, 2002
First Named Inventor	Sheena M Loosmore
Title	See 1 in Addendum
Art Unit	1645
Examiner Name	Devi, Sarvamangala J.N.
Attorney Docket Number	1038-1217 MIS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Thomas Bordner	47,436
Todd Sladek	53,768
John Parrish	35,315

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sanofi Pasteur Inc.				
Address	Intellectual Property - Knerr Building One Discovery Drive				
City	Swiftwater	State	PA	Zip	18370
Country					
Telephone	570-839-5537	Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert Yoshida</i>	Date	March 8, 2006
Name	Robert Yoshida	Telephone	(570) 839-5537
Title and Company	Patent Agent, Sanofi Pasteur Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## Addendum

### 1. Recombinant High Molecular Weight Major Outer Membrane Protein of Moraxella

MAR 08 2006

PTO/SB/96 (12-05)

Approved for use through 07/31/2006. OMB 0651-0031

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No./Control No.: 10/031,165Filed/Issue Date: 4 October 2002

Entitled:

Recombinant High Molecular Weight Major Outer Membrane Protein of MoraxellaAventis Pasteur Limited

(Name of Assignee)

a Corporation

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014008, Frame 0307, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Yoshida

Signature

Robert Yoshida

Printed or Typed Name

Patent Agent

Title

MARCH 8, 2006

Date

(570) 839-5537

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

U.S. Appl. No. 10/031,165, filed Oct. 4, 2002  
Attorney Docket No. 1038-1217 MIS:jb

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

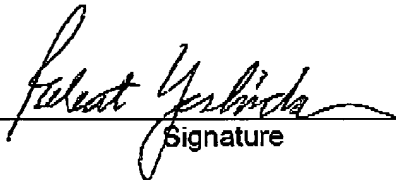
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## Certificate of Transmission under 37 CFR 1.8

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on 03/08/06  
Date

  
Signature

Robert Yoshida

Typed or printed name of person signing Certificate

54,941

Registration Number, if applicable

(570) 893-5537

Telephone Number

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The following papers listed below are submitted:

Transmittal Form (1 page)

Transmittal Letter (1 page)

Revocation of Power of Attorney with New Power of Attorney (1 page)

Power of Attorney and Correspondence Address Indication Form (2 pages)

Statement Under 37 CFR 3.73(b) (1 page)

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